



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
49 Sweet Grass		0882 Sweet Grass County H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	CO	1	88.8	1.80	84	01/12/05	_____	_____
100	CO	2	52	1.57	72	01/12/05	_____	_____
100	CO	3	130.4	1.57	72	01/12/05	_____	_____
100	CO	4	98.4	1.36	66	01/12/05	_____	_____
100	CO	5	85.6	1.36	66	01/12/05	_____	_____
100	CO	6	68	0.95	48	01/12/05	_____	_____
100	CO	7	62	1.57	72	01/12/05	_____	_____